

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09783353

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3							53						
4		1					54		1				
5							55						
6		1					56		1				
7							57						
8		1					58		1				
9							59						
10		1					60		1				
11							61						
12		1					62		1				
13							63	1					
14		1					64		1				
15							65						
16		1					66		1				
17							67						
18		1					68		1				
19							69						
20		1					70		1				
21							71						
22		1					72		1				
23							73						
24		1					74		1				
25	1						75						
26		1					76		1				
27							77						
28		1					78		1				
29							79						
30		1					80		1				
31							81						
32		1					82		1				
33							83						
34		1					84		1				
35							85						
36		1					86		1				
37							87						
38		1					88		1				
39							89						
40		1					90		1				
41							91						
42		1					92		1				
43							93						
44		1					94		1				
45							95						
46		1					96		1				
47							97						
48		1					98		1				
49							99						
50	1						100						
TOTAL IND.		5					TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.		86				
TOTAL CLAIMS							TOTAL CLAIMS		91				

BEST AVAILABLE COPY